



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Richard W WrightID # 187140Date of Request: 15 Nov 04Date of Birth: 15 Aug 67 Location: _____

Nature of problem or request: I have several Medical problems in which has went unresponded too. Sores scabs on legs. Need Some cream for rash in penis area, razor bumps under neck. R.W.W.

Richard W Wright Jr.

[Signature]

DO NOT WRITE BELOW THIS LINE

Date: / / Time: AM PM

Allergies: _____

RECEIVED

Date: _____

Time: _____

Receiving Nurse Initials _____

(S)ubjective

(O)bjective

(A)ssessment:

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED**

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Richard W Wright Date of Request: 12 Nov 04
ID # 187140 Date of Birth: 8-15-67 Location: eight(8) cell
Nature of problem or request: Sore SCabs ON legs never Peally
goes away - rash in penis area - need shaving
profile For razor bumps on neck area

Richard W Wright
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED

Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective:

(O)bjective

XO Sh FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Richard Wright Date of Request: 10 Nov 04
 ID # 187140 Date of Birth: 8-15-67 Location: 8 Cell
 Nature of problem or request: Sore - Scabs on legs need some
type of cream For rash in penis area, razor
bumps under neck. Need cream for

Richard W Wright

Signature

DO NOT WRITE BELOW THIS LINE

Date: / /

Time: AM PM

Allergies:

RECEIVED

Date:

Time:

Receiving Nurse Initials

(S)ubjective:

(O)bjective:

X/O Show

(A)ssessment:

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE EMERGENCY

If Emergency was PHS supervisor notified: Yes No

Was MD/PA on call notified: Yes No

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

**NAPHCARE
HEALTH SERVICES REQUEST FORM**

Print Name: Richard Wright Date of Request: 11/16/02
ID#: 189140 Date of Birth: 8-15-67 Housing Location: 2-11,
Nature of problem or request: Razor Rash AND
Tooth Ache

Sign here for consent to be treated by health staff for the condition described

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
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Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

Refer to: PA/Physician Mental Health Dental

Signature: C Battle Title: DA Date: 11/27/02

**CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM**

Print Name: Richard Wright Date of Request: 6-12-96

ID #: 187140 Date of Birth: 08-15-67 Housing Location: 2 cell bed 91

Nature of problem or request: Tooth need Feeling

I consent to be treated by health staff for the condition described.

SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION**

Subjective:

Objective: BP P R T

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
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Assessment: 6/13/96 SK C/6 filling out #30

Plan:

Appt ASAP

Refer to: PA/Physician Mental Health Dental

Signature: _____ Title: _____ Date: _____ Time: _____

PB

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Richard Wright Date of Request: 5/24/96

ID #: 187140 Date of Birth: 08/15/67 Housing Location: W 23

Nature of problem or request: Tooth need Filling

I consent to be treated by health staff for the condition described.

Richard W Wright
 SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED

Assessment:

Plan:

PC of

Refer to: PA/Physician Mental Health Dental

Signature: M. Squire Title: ROH Date: 5/24 Time: _____

Alabama Department of Public Health
TB Division
RSA Tower/201 Monroe Street
Montgomery, Alabama 36130-3017

TB

Skin Test Report

County Code	12	Target Testing	PROJECT	CHR#
Last Name	Wright			
First Name	Richard			
Patient Home Address	Bullock			
City	Union Springs			
State	AL	Zip Code	36081	
		Home Phone	434-4411	
SSN:		Test Administered By:	Site Test:	
		<input checked="" type="checkbox"/> TB Staff	<input checked="" type="checkbox"/> Health Department	
Date of Birth:		SEX:	<input type="checkbox"/> PH Nurse <input checked="" type="checkbox"/> Other	
10/15/1967		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Other	
Race:		ETHNICITY:		
W B AI A AN HPI O		Hispanic or Latino: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Reason Tested:		Contact to Case/Suspect:	Risk Categories:	
<input type="checkbox"/> Health Care Worker <input type="checkbox"/> Medical Risk <input type="checkbox"/> Shelter <input type="checkbox"/> Student <input type="checkbox"/> Occupational		<input type="checkbox"/> Foreign Born <input type="checkbox"/> Homeless <input checked="" type="checkbox"/> Jail/Prison <input type="checkbox"/> Not at Risk	<input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C	
PPD ONE:		PPD TWO:		
Provider#: 00000000000000000000000000000000		Provider#: 00000000000000000000000000000000		
Lot#: 00000000000000000000000000000000		Lot#: 00000000000000000000000000000000		
Date of Test		Antigen		
10/21/2004		<input checked="" type="checkbox"/> AP <input type="checkbox"/> TU		
Result				
10/21/2004 10 mm		<input type="checkbox"/> Not Read		
PPD ONE:		PPD TWO:		
Provider#: 00000000000000000000000000000000		Provider#: 00000000000000000000000000000000		
Lot#: 00000000000000000000000000000000		Lot#: 00000000000000000000000000000000		
Date of Test		Antigen		
10/21/2004		<input checked="" type="checkbox"/> AP <input type="checkbox"/> TU		
Result				
10/21/2004 10 mm		<input type="checkbox"/> Not Read		

Race codes: W-White; B-Black; AI - American/Indian; A-Asian; AN - Alaskan Native; HPI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002



INFIRMARY NURSING PROGRESS NOTES



INFIRMARY NURSING PROGRESS NOTES

Date/Time

3/4/05 9th P. E. Rec. in & on Oriented and Clean
per Kitchen duty - ~~Refused~~

04-16-05/0750 I.M. refuses TB skin test. At Dosing
time, I.M. → see per DOC - ~~Has to~~

5/4/05 9th Ad DOC to bring inmate to Health
Care & spoke to inmate in re: ID refusing
to take TB skin test. Inmate stated
I'm had to many skin test in the
past, I'm not taking it because
it makes a rash on my leg & face.
No rash noted on legs or face at
present, Inmate agreed to take
TB skin in two months he stated
After some of the medicine is out
of my system. - ~~10/29/05~~

5/4/05 10th Spoke to site Dr. Rayapatni
Warden tells and BFD Mr. Parks
is ref. ID inmate refusing skin test
- ~~10/29/05~~

5/5/5/4/05 Spoke to Dr. Morris is re: ID above
10/29 refusal, states we can't force him
he'll have to stay in Seg. - ~~10/29/05~~

5-5-05/1510 spoke to Dr. Rayapatni re: eye exam on 02-18-05,
cont. to await glasses from Bullock - ~~10/29/05~~

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Wright, Richard	87148	8-15-67	6m	OCF